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TRANSMITTAL FORM			Application Number	ection of information unless it displays a valid OMB control number. 10/782,075					
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			Art Unit	1033					
(to be used for all correspondence after initial filing)			Examiner Name		Chong. Kimberly				
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ENCLOSURES (Check all that apply)									
Document(s)			Remark		e Ad	Appeal of Appeal of Appeal (Appeal (Appeal Appeal CAPPEAL APPEAL			Enclosure(s) (please Identify :
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT									
Firm Name	Mirus Bio Corporation								
Signature /Kirk Ekena/									
Printed name Kirk Ekena									
Date 01/24/2007			Reg		eg. No.	56,672			
	as first c	rrespondence is b	eing facsi		PTC	or deposi	ited with		ited States Postal Service with Alexandria, VA 22313-1450 on
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